

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: ADINA ASSOCIATES
BUSINESS STREET ADDRESS: 10221 SW 40 ST DAVIE FL 33328
BUSINESS MAILING ADDRESS: 10221 SW 40 STREET ZIP 33328
BUSINESS PHONE: 954-962-6410
DESCRIBE TYPE OF BUSINESS: Telephone Answering Service
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Combiz SHAFI</u>	<u>10221 SW 40 ST</u>	<u>DAVIE 33328</u>	<u>954-452-9541</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Combiz Shafi, Pres.

Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>8/19/02</u>		Category <u>17300</u>	Fee Exempt per Sec. 13-13 <input type="checkbox"/>	Fee <u>33.08</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>02-17170</u>		Control # <u>14244</u>		Zoning <u>R-1</u>		
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Zoning Approval <u>Yes</u>		Date <u>8/28/02</u>		
Town Council Date _____		Approved _____		Denied _____		
Tabled To _____		Approved _____		Denied _____		
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						